

# CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	/					
15	/					
16	/					
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27	/					
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30		/				
31		/				
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39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	4					
Total Depend	16					
Total Claims	20					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
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58						
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61						
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95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						